

**Health Advisory: Changes to Laboratory and Healthcare Provider Carbapenemase-Resistant  
*Enterobacteraceae* (CRE) Reporting, 5 June 2015**

**Actions requested:**

- Healthcare provider and laboratory guidance on reporting and isolate submission of CRE and other carbapenemase-producing organisms in Washington State has been revised, effective May 2015.

**LABORATORIES:**

- Submit to the Washington State Public Health Laboratory (WA PHL) all *E. coli*, *Klebsiella* spp., or *Enterobacter* spp., resistant to ANY carbapenem (MIC  $\geq 4$  mcg/ml for meropenem, imipenem, and doripenem or  $\geq 2$  mcg/ml for ertapenem).
- Submit a WA PHL [microbiology submission form](#) and the antimicrobial susceptibility report with the isolate.
- Report to Public Health – Seattle & King County within 24 hours any CRE isolate which meets the susceptibility profile described above; do not wait for results of carbapenemase testing from WA PHL to report (206-296-4774).

**HEALTHCARE PROVIDERS AND INFECTION CONTROL PRACTITIONERS:**

- Request that your clinical laboratory submits to WA PHL all presumptive/suspected CRE isolates with the antimicrobial susceptibility report.
  - Report to Public Health – Seattle & King County within 24 hours any CRE isolate which meets the susceptibility profile described above; do not wait for results of carbapenemase testing from WA PHL to report (206-296-4774).
- Healthcare facilities should promptly implement appropriate CRE infection control and surveillance measures (see link, below) and communicate information about CRE (and/or other multidrug- or epidemiologically significant) infections and/or colonization to the patient's primary care providers and to other acute and/or long-term care facilities receiving the patient in transfer.

**Background:** Public Health surveillance for CRE isolates in WA State began in October 2012. Revised guidelines employing the new national surveillance case definition will allow for a more standardized approach and comparison of CRE data among states. At the WA PHL, isolates undergo multiplex PCR assay for carbapenemase genes. The WA PHL tests for 5 common carbapenemases: *Klebsiella pneumoniae* carbapenemase (KPC), New Delhi metallo- $\beta$ -lactamase-type 1 (NDM-1), Verona integron encoded metallo- $\beta$ -lactamase (VIM), imipenemase metallo- $\beta$ -lactamase (IMP), and oxacillinase-48 (OXA-48). Results will be sent to the submitter and will be communicated to the local health jurisdiction and the submitting facility's infection control team. WA PHL will no longer confirm antimicrobial susceptibility test results, which will decrease time to availability of carbapenemase test results. Healthcare facilities (both acute and long term care) should have policies in place to prevent spread of multiply drug resistant organisms (MDRO) including CRE, regardless of the mechanism of resistance.

**Resources**

- **2012 CRE Toolkit - Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE)**  
<http://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html>